



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE

Insurance Division – Examination Section
500 James Robertson Parkway, 4TH Floor
Nashville, Tennessee 37243-1135
(615) 741-1633
ssmith9@mail.state.tn.us

RE: Merger of **Company** with and into **Insurance Company**.

Dear Sir or Madame:

This department has been notified of the merger of the above referenced company. The following documents must be filed in order to properly record this transaction:

1. Certified copy of the approval granted by the [merging company state] Department of Insurance.
2. Certified copy of the approval granted by the [survivor state] Department of Insurance.
3. The original Certificate of Authority issued to [merging company] by the Tennessee Department of Insurance.
4. Completion of the Withdrawal of Foreign Charter form. (enclosed)
5. A written statement that as a result of the merger the surviving company will not be in violation of T.C.A. Section 56-11-204.

Should you have any questions, Please contact me at (615) 741-1633.

Sincerely,

Sandra Smith
Admissions Analyst
Financial Affairs Section